

## **INTRODUCTION**

The British Society for Haematology (BSH), with over 2500 members worldwide, is the largest haematology organisation in the UK and the only society to cover all aspects of the specialty. We are pleased to provide this response to the Health and Social Care Committee's Expert Panel for its evaluation of the progress the Government has made against its commitments in the area of the health and social care workforce in England.

Since the Government made no commitments on the workforce in relation to haematology specifically, our comments are intended to inform the Panel of our perspective on the workforce issues as we see them, informed in particular by our latest [haematology workforce report](#), published in 2020.

We divide our comments into the three topics on the Panel's Workforce Commitment Grid, with a final section containing our conclusions and recommendations.

## **SECTION 1: PLANNING FOR THE WORKFORCE**

Despite the Government's commitments to ensure that the NHS has the health professionals it needs, **the haematology workforce has manifestly not grown to support patient needs – in terms of numbers, training or resources.**

**This is a longstanding problem.** Workforce issues have been identified in haematology for a long time, including in a rigorous 2011 Centre for Workforce Intelligence analysis of training needs submitted to the Department for Health, which noted that for Haematology "recruitment is an issue" which "serves as a prompt to urgently reassess how best to encourage staff into the specialty and avoid future workforce issues." However, this advice has not been heeded.

Haematology services are essential for hundreds of thousands of patients in England, from the treatment of inherited conditions such as sickle cell anaemia to blood and bone marrow cancers including leukaemia and those requiring blood transfusion and the management of thrombotic and bleeding disorders.

Additionally, there is the oft-hidden contribution of haematologists to virtually every other area of clinical care through haematological liaison work. From obstetrics and neonatal care, ITU and surgery through to care of the elderly; from interpretation of blood results (done in the hundreds-thousands per day in most hospitals) to supporting individuals with rare genetic blood disorders, liaison haematologists are an essential part of patient care. Consultant haematologists also support GPs through advice and guidance, as well as supporting community-delivered DVT care.

## Written evidence submitted by the British Society for Haematology (EPW0045)

For every staff member in a medical haematology role there are nearly 1000 patients, many of whom will be seen many times over the course of the year. This patient to clinician ratio has been on

*“We have a rota that’s dependent on a certain number of junior doctors to be able to give safe clinical cover, and we always have gaps on it. That’s either because somebody’s on long term sickness or because we’ve not managed to fill the non-training post” – Consultant Haematologist as reported to BSH Haematology Workforce Report 2020*

the rise due to the increasing number of new treatments that are effective in helping to manage conditions over the long-term and is expected to grow unless the number of clinicians can be increased. **Severe understaffing in haematology services around the country is compromising the health of patients reliant on their care.**

The latest [NHS Workforce Statistics](#) show that there are 938 FTE Consultant Haematologists in England and fewer than 1000 FTE doctors at other grades.

BSH was one of over 100 health and care organisations calling for the recent Health and Social Care Bill to include a duty for regular assessments of how many staff are needed now and in future to meet demand. Without this data as an objective means for forecasting future workforce requirements, there has been a significant missed opportunity to begin to solve the workforce crisis, which remains the limiting factor in the government’s plans for health and social care.

**At a time when new haematological treatments and the advances of genomic medicine provide hope; while increased life expectancy necessitates prolonged care; we are losing experienced consultants to retirement and facing trainee shortages.**

Even before the pandemic, which exacerbated matters, our workforce report showed:

- **Unfilled vacancies in the Haematology workforce remained significant:** Many Trusts were having to resort to employing expensive locums to ensure essential services could be delivered in the face of long-term vacancies. The highest vacancy rate (positions open divided by positions filled) by role were seen for nursing, where our findings suggested the figure stood at 15%. This was well above the equivalent NHS Improvement quarterly figure of 11.1% for nursing in general across England at the time. Vacancies are very high in haematology laboratories, with the highest at 24% for Band 8 clinical scientists.
- **The entire haematology multi-disciplinary team (MDT) is affected by staff shortages.** Professor Alison Leary has undertaken a huge amount of [research on workforce modelling](#), for example looking at the poorer outcomes for cancer patients without access to a Clinical Nurse Specialist as well as the role of Advanced Practitioners and the safety provisions they provide. The emerging roles of Physician Associates (PAs) and Advanced Clinical Practitioners can also play a part in addressing the workforce issues in haematology. PAs can provide invaluable support across many areas of the haematology spectrum and are being trained in large numbers in universities across the UK but their function is limited by lack of appropriate regulation, meaning that they cannot be independent prescribers or order certain investigations.

In addition to PAs, a 2020 Haematology Workforce Working Group publication identified clinical scientists as a highly under-recognised and underutilised workforce resource. Along with specialist haematology pharmacists, they are also critical in monitoring routine drugs and chemotherapy.

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- **59% of consultant haematologists are expected to retire by 2030 (far higher than for other specialities).** According to the [Royal College of Physicians' census 2020-21](#), this compares to 49% of physician consultants on average in the UK.
- **There had been a 36% drop in specialist trainees to fill consultant haematologist posts:** The number of Medical Trainees / Foundation Year doctors being recruited to haematology training posts had dropped dramatically. Averaged out across Trusts, the number had fallen more than a third (36%) between 2016 and 2019.

*“There are continuous issues with patients, conditions changing, issues with chemotherapy prescribing. My colleagues that work four days a week, they frequently work on their fifth day when they should be with their families. I was just thinking the other day, that we have not met, all seven consultants together in the same room for several years” – Consultant Haematologist as reported to BSH Haematology Workforce Report*

- **Patients with haematological conditions are living longer due to the changing nature of advanced medicine and genomics. This has added additional pressure to services already under strain.**

In Sickle Cell Disease, a condition which haematologists are central to treating and which is the most prevalent genetic disorder in the country, a recent report by the APPG on Sickle Cell Disease, entitled [No One's Listening](#), concluded that **“the lack of investment in sickle cell services is apparent in the significant shortfall in appropriate numbers of healthcare professionals working in sickle cell care”**.

The situation is getting worse, according to the Haemoglobin Disorders Peer Review Programme. **In 2020, an astonishing 84% of sickle cell services stated that they had problems with time available for senior clinicians to provide leadership of the service or availability of consultant medical staff.** This was a huge rise from 35% stating these problems in 2016. The underinvestment in sickle cell services is also evident in other conditions.

Haematologists diagnose [27,500 patients](#) each year with leukaemia, myeloma, Hodgkin's and non-Hodgkin's lymphoma. Yet the haematological workforce has not been explicitly recognised in cancer strategy initiatives dealing with the backlog in cancer services since the pandemic.

## SECTION 2: BUILDING A SKILLED WORKFORCE

Haematology has new training needs due to the changing nature of advanced medicine and genomics. The introduction of cutting-edge treatments and genomic medicine requires more intensive long-term care that was not previously planned for, but the retirement of many senior staff within the workforce has reduced opportunities for training.

Only two-thirds of medical schools include haematology as a compulsory clinical attachment and in many schools there is [no formal clinical haematology training](#). Where clinical haematology teaching is provided, the duration of a training placement can vary considerably – sometimes being as short as two days. We therefore believe that the status of the skills base within haematology is as much an issue as headcount.

### ***Medical trainees in haematology dropped by a third***

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A particular issue within haematology is too few junior doctors joining haematology, leading to an imbalance with consultants approaching retirement. Medical Trainee/Foundation Year Doctor numbers within haematology departments dropped by more than a third (36%) over recent years – from 1.43 FTE per department in 2016, to 0.92 FTE in 2018. We believe that this has only worsened since then. The vacancy rate for Trainee/Foundation Year Doctors in haematology is 9%, which impacts safe clinical cover.

This shortage of new recruits coming up through the ranks echoes a trend highlighted by the British Medical Association (BMA) of fewer medical school graduates applying to specialist training.

The lack of recruits is a particular issue when it comes to paediatric haematology, where the training is particularly complex and lengthy. The current requirement to study a large volume of adult haematology before adding in the specifics of paediatrics puts off many pursuing a career in paediatric haematology.

For haematological nurses and clinical scientists, rotating staff into specialist areas to improve exposure and skills would help increase recruitment into those areas.

### SECTION 3: WELLBEING AT WORK

**Low morale, sickness and absences are affecting the haematology workforce, as they are across the NHS.**

Between October 2017 and October 2018, the average number of sick days per haematology department was 796 across staff including consultants, nurses and lab scientists. More than a quarter (27%) of those absences were taken by employees suffering from stress or mental illness. The workload burden is a likely factor in employees suffering physical and mental health problems. Three-quarters of those who responded to our BSH member survey felt that stress is an increasing part of their day-to-day work and over 80% are concerned about the well-being of those in the haematology profession.

*“I remember there was a time when I was only down to two colleagues on the transplant unit... But you just did it. That seems to be happening an awful lot more now. And, of course, it’s bound to take its toll on the mental health of those people who are actually trying to deliver those services.” – Clinical Director as reported to BSH Haematology Workforce Report*

### CONCLUSIONS

From our perspective, **the Government has made little or no progress against its commitments in the area of the health and social care workforce in England.**

The haematology workforce has manifestly not grown to support patient needs – in terms of numbers, training or resources. This is a longstanding issue, having been identified more than a decade ago by the Department of Health Workforce Review Team. Severe understaffing in haematology services around the country is compromising the health of patients reliant on their care.

BSH’s comprehensive workforce report showed that unfilled vacancies in the Haematology workforce remain significant. Many Trusts are having to resort to employing expensive locums to

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ensure essential services can be delivered in the face of long term vacancies. Haematology requires a skilled MDT and there are particularly high vacancy rates for nurses in this area - well above the equivalent rates in other nursing disciplines.

Patients with haematological conditions are living longer due to the changing nature of advanced medicine and genomics. This has added additional pressure to services already under strain. 59% of consultant haematologists are set to retire by 2030 (far higher than for other specialities) whilst medical trainees in haematology have dropped by a third.

The haematology workforce is populated by dedicated and hard working professionals but this combination of pressures and understaffing has created low morale, sickness and absences which further compound the problem. Government must act now.

### RECOMMENDATIONS

1. Government and NHS England to work with BSH to collate regular haematology workforce data and forecasts. BSH maintains that Government should be using independently verified assessments of future health and care workforce requirements including how many doctors, nurses and allied health professionals should be trained to meet long-term need. This should be scrutinised by Parliament and the public.
2. Government to work with NHSE/HEE to ensure funding for more trainee places in haematology. Investing in more trainees will reduce the high cost to the NHS of using locums.
3. Government to work with NHS England to ensure that there is capacity within the haematological workforce to enable necessary ongoing learning to take advantage of rapid advances in haematological treatments and the developing area of genomic medicine so central to haematology.
4. Government to act on the recommendations of the APPG on sickle cell inquiry, including increased investment in sickle cell services, specialist training and staffing numbers
5. Government to work with NHSE/HEE to ensure that all medical schools include haematology as a compulsory clinical attachment, with formal clinical haematology training.
6. Government should consider fast-tracking the regulation of Physician Associates (PAs)

Along with the Royal College of Physicians, BSH supports the following recommendations:

7. The Government must take steps to expand the medical workforce, including through expanding medical school places to 15,000 and increasing the number of training places. The NHS must be open and welcoming to international colleagues, but we should not become overly reliant on recruiting already qualified doctors from other countries as the solution to the UK's workforce issues.
8. The temporary measures put in place for the 2020/21 tax year to enable additional work for the pandemic were an acceptable solution. We recommend that this temporary measure is extended over the next 2 to 3 years until more formal changes to legislation are achieved to address many consultants retiring early because of ongoing issues with pensions.
9. The Certificate of Eligibility for Specialist Registration (CESR) needs to be reformed so it is simpler and faster for eligible SAS doctors to become consultants.
10. In order to facilitate innovation, the Department of Health and Social Care should ensure the NHS health and care workforce has the right capacity in place to reduce pressure and allow more time for staff to take part in research and other activities that drive innovation.

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